



# MONTHLY RECURRING DONATIONS AUTHORIZATION FORM

The **Simply Giving®** Program

endorsed by



		Effective date of authorization: ____/____/____			
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation					
Last Name			First Name		
Address					
City				State	Zip
Email Address					
<b>Date of first donation:</b> ____/____/____  <b>Date of last donation (optional):</b> ____/____/____		<b>Frequency of donation:</b> (please check one) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time		<b>Amount of first donation:</b> \$ _____  <b>Amount of last donation (optional):</b> \$ _____	
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)			Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ <div style="font-family: monospace; font-size: small;">           ⑆ 23456789⑆ 23 23456⑆ 000⑆  <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-top: 1px solid black; width: 20%;"></div> <div style="border-top: 1px solid black; width: 20%;"></div> <div style="border-top: 1px solid black; width: 20%;"></div> <div style="border-top: 1px solid black; width: 20%;"></div> <div style="border-top: 1px solid black; width: 20%;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: x-small;"> <span>Routing Number</span> <span>Account Number</span> <span>Check Number</span> </div> </div>	
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature: _____ Date: _____				

*If using a checking account, please attach a voided check at the bottom of this page.*

**Return Completed form to: Lutherlyn – PO Box 355 – Prospect, PA 16052**